HUSKY Transition

Presentation

to the

Medicaid Managed Care Council

December 14, 2007

- Agreement was not reached with Anthem and HealthNet related to contractual FOI language
- Consequently Anthem and HealthNet will be transitioned out the HUSKY program
- Both MCOs have signed non-risk transition agreements through 2/29/08

- CHN and WellCare remain full risk through 12/31/07
- Expect non-risk PIHP contracts 1/1/08 through 6/30/08
- PIHP (pre-paid inpatient health plan) is a 1915(b) managed care option
- UM denial decisions to be approved by DSS
- DSS approval required for rates used for provider reimbursement

- DSS developing Client and Provider Communication Plan to include:
 - Website postings starting next week
 - Individual provider mailings
 - Individual client mailings
 - FAQs
 - www.huskyhealth.com

- Client Transition out of BCFP and HN to occur between January and February.
- HUSKY A clients will be given choice of CHN, Preferred One or Medicaid FFS
- HUSKY B clients will be given choice of CHN or Preferred One

- Client Notice of Options
 - CHN, WellCare, FFS
- Staggered Mailings through January and February
- 30 days to choose w/reminder notice on day 23
- FFS as default for HUSKY A non-choosers
- HUSKY B non-choosers will be assigned on a rotating basis between CHN and P-1

- DSS working with DCF to:
 - identify providers used by their facilities and children which only accept HN or BCFP
 - coordinate transition of DCF kids out of HN and BCFP
- Provider notice, focus on providers participating with Anthem or HNT but not CHN, WellCare or FFS
 - New physician fees will be CHN/WellCare floor
 - Will encourage enrollment in CHN, WellCare and FFS
 - Anthem and HN providers can be reimbursed by CHN and Wellcare at Anthem and HN rates

- Provider network analysis
 - CHN and P-1 have capacity in Tolland and Middlesex counties to assume HN and BCFP membership in those two counties
 - Remaining 6 counties present a challenge
 - DSS has identified 750 PCPs which participate in HN or BCFP and not in CHN or P-1
 - CHN and P-1 in process of recruiting these providers

- Similar analysis being done of specialists
- DSS also identifying providers who participate with MCOs, but not FFS
- Based on client calls, ACS is also tracking non-par providers and forwarding info to DSS, CHN and P-1
- CHN, P-1 and DSS will be reaching out to these providers
- Out-of-Network authorization is an option under CHN and P-1 on a case-by-case basis.

- Pharmacy carve-out is scheduled for 1/25/08
- Medicaid FFS pharmacy rules will apply
 - No formulary/PDL for psych drugs
 - 5 day temporary supply
- interChange the new Medicaid claims system for unmanaged Medicaid and BHP will process pharmacy claims for HUSKY members as of January 25

- ACS, HUSKY InfoLine, P-1, CHN and DSS assessing resource and staffing needs to support transition and post-transition program needs, e.g.
 - call centers
 - EPDST functions for population going into FFS
 - NEMT for population going into FFS
 - Provider recruitment